

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/04/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295043	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2008
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NAME OF PROVIDER OR SUPPLIER

MANOR CARE HEALTH SERVICES

STREET ADDRESS, CITY, STATE, ZIP CODE

3101 PLUMAS
RENO, NV 89509

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the Life Safety Code (LSC) survey conducted at your facility on 5/19/08 and 5/20/08. Your facility was surveyed using Chapter 19, Existing Health Care Occupancies, of the 2006 Edition of the National Fire Protection Association's (NFPA) 101, Life Safety Code. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	K 000	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or will take actions set forth in the following plan of correction. The following plan of correction constitutes Manor Care Health Services allegation of compliance. The alleged deficiencies cited have been or will be corrected by the date or dates indicated.	
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	K 018 <ul style="list-style-type: none"> The fire door to the rehab addition has been repaired and is in compliance with closing and latching. Fire doors have the potential to be affected. The Maintenance Director visually inspected all fire doors. The Maintenance Director will check fire doors on a daily basis while making daily life safety rounds. Any doors found not closing or latching will be repaired immediately. The Maintenance Director is responsible for compliance. 	5/23/08 6/1/08 6/1/08 6/1/08

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AND CERTIFICATION
CARSON CITY, NEVADA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6, ...)

Delores Payne

Administrator

6/16/08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER SENIOR CARE HEALTH SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 3101 PLUMAS RENO, NV 89509		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K018	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation during the tour with the Maintenance Director on 5/19/08 at 10:00AM, the facility failed to ensure that all fire doors would close and latch for 1 of 7 fire doors. Findings include: The fire door at the entrance to the Physical Therapy (PT) and Occupational Therapy (OT) addition was not closing and latching at the time of the survey. The PT/OT addition is located at the Northwest corner of the building.	K 018			
K038 SS-D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation during the facility tour on 5/19/08 at 11:00AM, the facility failed to maintain clear exit access at all times in 1 of 9 main exit corridors. Findings include: In the Southeast exit corridor there was a weight scale stored in the exit access corridor reducing the corridor width from eight feet to six feet.	K 038	K 038 <ul style="list-style-type: none">The weight scale has been removed from the hallway.All exit corridors have the potential to be affected.Staff has been informed that the weight scale will be stored in the shower rooms. Restorative aides will be responsible to monitor the storage of the scale.The Maintenance Director will monitor compliance during daily rounds.	5/23/08 5/23/08 7/6/08 6/1/08	

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